

Department of Neighborhood Development - 1st Home Application (PLEASE CLEARLY PRINT ALL INFORMATION)

(a) APPLICANT		
1)		
First Name	MI	Last Name
SOCIAL SECURITY NUMBER		

(b) CO-APPLICANT		
2)		
First Name	MI	Last Name
SOCIAL SECURITY NUMBER		

ADDRESS:		
CITY:	STATE:	ZIP:
HOME TELEPHONE NUMBER:		WORK TELEPHONE NUMBER:

(c) LIST NAMES AND AGES OF ALL DEPENDENT CHILDREN WHO WILL LIVE IN THE HOUSEHOLD	
Name	Age
3)	
4)	
5)	
6)	

(d) LIST NAMES, AGES, AND RELATIONSHIP OF ALL OTHERS WHO WILL LIVE IN THE HOUSEHOLD		
Name	Age	Relationship
7)		
8)		
9)		
TOTAL HOUSEHOLD SIZE (ADD LINES NUMBERED 1 THROUGH 9)		

INCOME INFORMATION	
a) APPLICANT'S TOTAL ANNUAL INCOME	
b) CO-APPLICANT'S TOTAL ANNUAL INCOME	
c) TOTAL ANNUAL INCOME OF ALL CHILDREN OVER 18 YEARS OLD	
d) TOTAL ANNUAL INCOME OF ALL OTHERS LIVING IN HOUSEHOLD	
TOTAL HOUSEHOLD INCOME (ADD LINES a THROUGH d)	

TOTAL SAVINGS	
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PLEASE CHECK YOUR HOUSING STYLE PREFERENCE	
Single <input type="checkbox"/>	Townhouse <input type="checkbox"/>
Two Family <input type="checkbox"/>	Three Family <input type="checkbox"/>
<p>Have you taken a Homebuyer Education class? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Homebuyer Education is required to purchase a 1st Home and/or to receive any Financial Assistance from The City.</p> <p>If no, call 635 - HOME (4663) and register for the next available course.</p>	
<p>I/We hereby certify the information provided is accurate and correct to the best of my/our knowledge.</p> <p>I/We hereby authorize the City of Boston to independently verify the information provided here and also to investigate my/our records of credit.</p>	
APPLICANT'S SIGNATURE: _____	DATE _____
CO-APPLICANT'S SIGNATURE: _____	DATE _____
FOR DND USE ONLY	PROGRAM MANAGER: _____ DATE _____

Please complete the following section to assist us in fulfilling affirmative marketing requirements. Check as many of the following items which apply. (Your response is voluntary.)

<input type="checkbox"/> ASIAN	<input type="checkbox"/> CAPE VERDEAN
<input type="checkbox"/> BLACK	<input type="checkbox"/> NATIVE AMERICAN
<input type="checkbox"/> HISPANIC	<input type="checkbox"/> WHITE
<input type="checkbox"/> PACIFIC ISLANDER	
<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> FEMALE HEAD OF HOUSEHOLD	
<input type="checkbox"/> ELDERLY (APPLICANT OVER 62)	

Do you or a member of your family require a handicapped accessible home? Yes <input type="checkbox"/>	Do you participate in FSS? Yes <input type="checkbox"/>
(Please attach documentation)	(Please attach documentation)